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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).								
I hereby appoint:								
Practitioners associated with the Customer Number:				13,708				
OR								
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):								
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_ 								
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with								
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).								
3.								
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:								
✓ The address associated with Customer Number: 13,708								
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Assignee Name and Address:								
Citicorp Development Center, Inc.								
9997 Carver Road								
Blue Ash, Ohio 45242 USA								
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be								
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of								
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,								
and must identify the application in which this Power of Attorney is to be filed.								
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee								
Signature DONALD A EICHENSEER SVR Date 4/13/						1/13/2011		
Name			Ph	EID# 0000220 one: 513-979	9185 -9930	Telepho	., ,	
	/		- 6	ax: 513-979-5	991			

The production of information is required by 17 CPF 1.51, 1.52 and 1.53. The information is required to obtain or retain a beareft by the public which is to the table with self-of-open consequence and public of the production of

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